

VALPROIC ACID —PSYCHIATRY (*Depakote, divalproex, Depakote ER, *Epival*)
Mania: 250 mg PO three times per day (Depakote); max 60 mg/kg/day. Hepatotoxicity, drug interactions, reduce dose in the elderly. [Generic/Trade: immediate-release caps 250 mg (Depakene), syrup (Depakene, valproic acid) 250 mg/5 mL, delayed-release tabs (Depakote) 125, 250, 500 mg, extended-release tabs (Depakote ER) 250, 500 mg, delayed-release sprinkle caps (Depakote) 125 mg.] ▶L ♀D+ \$\$\$

ANTIpsychotic RELATIVE ADVERSE EFFECTS^a

Generation	Antipsychotic	Anticholinergic	Sedation	Hypotension	EPS	Weight Gain	Diabetes/Hyperglycemia	Dyslipidemia
1st	chlorpromazine	+++	+++	++	++	+++	+++	+++
1st	fluphenazine	++	+	+	++++	+	+	+
1st	haloperidol	+	+	+	++++	+	+	+
1st	loxapine	++	+	+	++	++	++	?
1st	molindone	++	++	+	++	+	?	?
1st	perphenazine	++	++	+	++	++	++	?
1st	pimozide	+	+	+	+++	+	+	?
1st	thioridazine	++++	+++	+++	+	++	++	?
1st	thiothixene	+	++	++	+++	++	++	?
1st	trifluoperazine	++	+	+	+++	++	++	?
2nd	aripiprazole	++	+	0	0	0/+	0/+	0
2nd	asenapine	+	+	++	++	++	++	0
2nd	brexpiprazole	+	+	0/+	+	+	+	+
2nd	cariprazine	+	+	+	++	+	+	-/+
2nd	clozapine	++++	+++	+++	0	++++	++++	++++
2nd	iloperidone	++	+	+++	+	++	++	++
2nd	lurasidone	+	+	+	+	+	+	0
2nd	olanzapine	+++	++	+	0 ^b	++++	++++	++++
2nd	paliperidone	+	+	++	++	+++	+++	+
2nd	risperidone	+	++	+	+ ^b	+++	+++	+
2nd	quetiapine	+	+++	++	0	+++	+++	+++
2nd	ziprasidone	+	+	0	0	0/+	0	0

Crismon M, Argo T, Bickley P. Schizophrenia. In: DiPiro J, Talbert R, Yee G, et al. (eds). *Pharmacotherapy. A pathophysiologic approach*, 10th ed. New York: McGraw Hill Education, 2017; Jibson M. Second-generation antipsychotic medications: pharmacology, administration, and side effects. Marder S, Hermann R, ed. UpToDate. Waltham, MA: UpToDate Inc. <http://www.uptodate.com> (Accessed July 07, 2018); Muench J, Hamer A. Adverse effects of antipsychotic medications, *Am Fam Physician* 2010;81(5):617-622.

^aRisk of specific adverse effects is graded from 0 (absent) to ++++ (high). ? = Limited or inconsistent comparative data.

^bExtrapyramidal symptoms (EPS) are dose-related and are more likely for risperidone greater than 6 to 8 mg/day, olanzapine greater than 20 mg/day. Akathisia risk remains unclear and may not be reflected in these ratings. There are limited comparative data for aripiprazole iloperidone, paliperidone, and asenapine relative to other 2nd-generation antipsychotics.